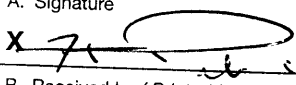


| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| | | B. Received by (Printed Name) <u>Henry T. ...</u> | |
| | | C. Date of Delivery <u>2:060986</u> | |
| 1. Article Addressed to: <u>Grant Culliver,</u> <u>Warden</u> <u>Helman Correctional</u> <u>Helman 3700</u> <u>Atmore, AL 36503</u> | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) <u>7006 08100003 7489 3132</u> | | | |